

Wisconsin Department of Regulation & Licensing

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

CEMETERY AUTHORITY ANNUAL REPORT

FILING DEADLINE: On or Before March 1, 2006

NO FEE

This report must be filed by every cemetery authority which has been licensed as a cemetery authority by the Department of Regulation and Licensing pursuant to Wis. Stats. § 440.91.

PLEASE TYPE OR PRINT IN INK

SECTION I: GENERAL INFORMATION

1. NAME OF CEMETERY AUTHORITY (State the name of the cemetery authority, exactly as licensed with the Department.)
2. CEMETERY AUTHORITY LICENSE NUMBER:
3. ADDRESS OF PRINCIPLE OFFICE (number, street, city, state, zip code)
4. COUNTY
5. ☐ YES ☐ NO IS THIS CEMETERY AUTHORITY LICENSED AS A CEMETERY PRENEED SELLER?
6. TELEPHONE NUMBER: () _____
7. NAME OF CONTACT PERSON
8. NAME OF CEMETERY:
9. LOCATION OF CEMETERY (number, street, city, state, zip code):
10. THE ABOVE-DESCRIBED CEMETERY IS ORGANIZED AND OPERATED BY:
 - ☐ A cemetery association created under Wis. Stats. § 157.062. We have enclosed, **as required**, a copy of the annual report filed with the Secretary of State pursuant to Wis. Stats. § 157.62(1)(a).
 - ☐ A corporation organized under Wis. Stats. § 180 or 181. We have enclosed, **as required**, a copy of the annual report filed with the Secretary of State pursuant to Wis. Stats. § 180.1622 or 181.651.

For Receipting Use Only

OFFICE USE ONLY	
TYPE	REGISTRATION NUMBER
95	

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11. ADDITIONAL INFORMATION ABOUT THE CEMETERY AUTHORITY:

- a. ☐ YES ☐ NO Did the Cemetery Authority have an operating budget of \$2500 or less during the past 12 months? If YES, stop here and submit this form to the Department.

Neither the Wisconsin Statutes, nor administrative rules define “operating budget”; however, one textbook defines “operating budget” to mean “an estimate of income and expenses required to maintain a property or business and keep it productive of its services for a given period, usually a year.”

- b. ☐ YES ☐ NO Does the Cemetery Authority have on deposit with the treasurer of the county or city in which its cemetery is located care funds which the Cemetery Authority has received for the care of lots?

- c. The dates and locations of all meetings and elections.

Date

Location

_____	_____
_____	_____
_____	_____

- d. **All cemetery corporations, NOT ASSOCIATIONS, must** complete the following information for each shareholder who beneficially owns, holds or has the power to vote 5% or more of any class of securities issued by the Cemetery Authority.

Name

Residence Address

Business Address

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- e. **All cemetery associations, NOT CORPORATIONS, must** complete the following information for each trustee (officer) of the Cemetery Authority.

Name

Address

_____	_____
_____	_____
_____	_____

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SECTION II: CARE FUNDS IN TRUST ACCOUNT

(Note: Report on care funds which you have placed in alternative investments in SECTION III, preneed trust funds in SECTION IV, and Gifts in SECTION V.)

1. COMPLETE THE FOLLOWING FOR ALL CARE FUNDS WHICH THE CEMETERY AUTHORITY HAS ON DEPOSIT WITH A FINANCIAL INSTITUTION. (Photocopy this page if you hold more than one care fund).

a. Name of Financial Institution in Which the Funds are Deposited or Invested.

b. Address of Financial Institution (number, street, city, state, zip code)

c. Name of Account at Financial Institution

d. Account Number

e. Total Amount Deposited or Invested
(1-1-05 to 12-31-05)

f. Income Accruing to Account
(1-1-05 to 12-31-05)

g. Total Earnings Removed from Trust Account by Cemetery Authority.
(1-1-05 to 12-31-05)
(See Note Below)

h. Market Balance on 12-31-05

NOTE: "Total earnings removed from trust account by cemetery authority" refers to interest, dividends or capital gains which were not kept in the trust account, but were made available to the cemetery for its use solely to maintain the cemetery lots and grounds, and, if the amount of income exceeded the amount necessary to properly maintain the lots or grounds, any other portion of the cemetery including mausoleums. (See Wis. Stats. § 157.11(9g)(a)2)

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SECTION III: CARE FUNDS PLACED IN ALTERNATIVE INVESTMENTS

(i.e., bonds, stocks, certificates of deposit, mutual funds)

1. COMPLETE THE FOLLOWING FOR CARE FUNDS PLACED IN ALTERNATIVE INVESTMENTS AND NOT PLACED IN A TRUST ACCOUNT AT A FINANCIAL INSTITUTION.

- ☐ YES The Cemetery Authority has placed care funds received for the sale of cemetery
☐ NO lots in alternative investments? **(If the answer to this question is YES, complete the following questions and the enclosed affidavit (Form #2143.)**

2. CHECK THE TYPES OF ALTERNATIVE INVESTMENTS HELD:

- ☐ Bonds ☐ Certificates of Deposit ☐ Other _____
☐ Stocks ☐ Mutual Funds

3. SUMMARY INFORMATION

a. Total Amount Received from the Sale of Cemetery Lots from 1-1-05 to 12-31-05, and Placed in One or More Alternative Investments	b. Total Income Accruing to All Care Funds Held in Alternative Investments (i.e., dividends, interest, capital gains), from 1-1-05 to 12-31-05	c. Total Earnings Paid to Cemetery Authority's Operating Account (See Note Below)

- d. Market Value of All Alternative Investments as of 12-31-05.
-

NOTE: "Total earnings paid to cemetery authority's operating account" refers to interest, dividends or capital gains which were made available to the cemetery for its use solely to maintain the cemetery lots and grounds, and, if the amount of income exceeded the amount necessary to properly maintain the lots or grounds, any other portion of the cemetery including mausoleums. (See Wis. Stats. § 157.11(9g)(a)2)

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SECTION IV: PRENEED TRUST FUNDS

1. COMPLETE THE FOLLOWING FOR ANY PRENEED TRUST FUNDS OF THE CEMETERY AUTHORITY.
(Photocopy this page if you hold more than one preneed trust fund.)

a. Name of Wisconsin Financial Institution Where Funds are Located

b. Address of Wisconsin Financial Institution (number, street, city, state, zip code)

c. Name on the Account at Financial Institution

d. Account Number

e. Total Amount Deposited
(1-1-05 to 12-31-05)

f. Income Accruing to Account
(i.e., interest or dividends)
(1-1-05 to 12-31-05)

g. Total Amount Withdrawn in
Fulfillment of Preneed Sales
Contracts
(1-1-05 to 12-31-05)

h. Market Balance on 12-31-05

- i. Enter the name and address of each warehouse where the cemetery merchandise sold by the Cemetery Authority is stored until delivery is made.

NAME

ADDRESS

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SECTION V: GIFTS RECEIVED, AS IN SEC. 157.11(8), STATS.

1. COMPLETE THE FOLLOWING FOR ALL GIFTS RECEIVED AND INCOME FROM GIFTS.
(Photocopy this page if you have more than one account for gifts received).

a. Total Amount of Gifts Received by Cemetery Authority (1-1-05 to 12-31-05)	b. Total Amount of Gifts Deposited in One or More Accounts (1-1-05 to 12-31-05)	c. Total Amount Earnings on Gifts (i.e., interest, etc.) If Not Accounted for in Sections II and III. (1-1-05 to 12-31-05)
d. Total Amount of Gifts (Principal and/or Interest) Expended by Cemetery Authority (1-1-05 to 12-31-05) (See Note Below)	e. Market Balance of All Gift Funds Held by Cemetery Authority and Not Accounted for in Sections II and III. (12-31-05)	

2. BRIEFLY EXPLAIN THE PURPOSE OF GIFTS RECEIVED: _____

3. IDENTIFY THE NAME OF THE FINANCIAL INSTITUTION(S) AND ACCOUNT NUMBER(S) IN WHICH ANY GIFTS ARE HELD:

Name	Account Number
_____	_____
_____	_____
_____	_____

NOTE: "Total amount of gifts expended by cemetery authority" refers to principal, interest, dividends or capital gains which were used by the cemetery for the improvement, maintenance, repair, preservation, ornamentation of a cemetery lot or structure in the cemetery, according to the terms of the gift and regulations by the cemetery authority. (See Wis. Stats. § 157.11(8))

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SECTION VI: CERTIFICATION OF FINANCIAL INSTITUTION

The Cemetery Authority filing an annual report with the Department of Regulation and Licensing shall submit this CERTIFICATE OF FINANCIAL INSTITUTION FOR EACH account identified in Sections II, IV, and V of the report.

Market Balance in Account on 12-31-05

The undersigned, a duly authorized official of the _____
(Financial Institution)
at _____, _____, _____,
(Street) (City) (State)
on behalf of this institution, does certify that _____,
a Cemetery Authority, maintains at this institution trust account number _____ with a with a
balance as listed above and agrees the institution will allow an authorized representative of the Department of Regulation
and Licensing to examine and audit the account upon demand, and certifies that the following person(s) are the only ones
authorized to withdraw funds from this account:

Signature of Officer of Institution

Title

Date

Print Name of Officer

SECTION VII: CERTIFICATION OF CEMETERY AUTHORITY

NOTE: Authorized Representative of Cemetery Authority MUST sign in the presence of a Notary Public.

I hereby swear and affirm that the information reported on this form is true and correct to the best of my knowledge and belief.

Signature of Authorized Representative of Cemetery Authority

Title

Date

Print Name of Representative

Subscribed and sworn before me this _____, day of _____, 20 _____.

Signature of Notary Public

(Seal)

Date Commission Expires